

Name
in
Full

Bertha Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

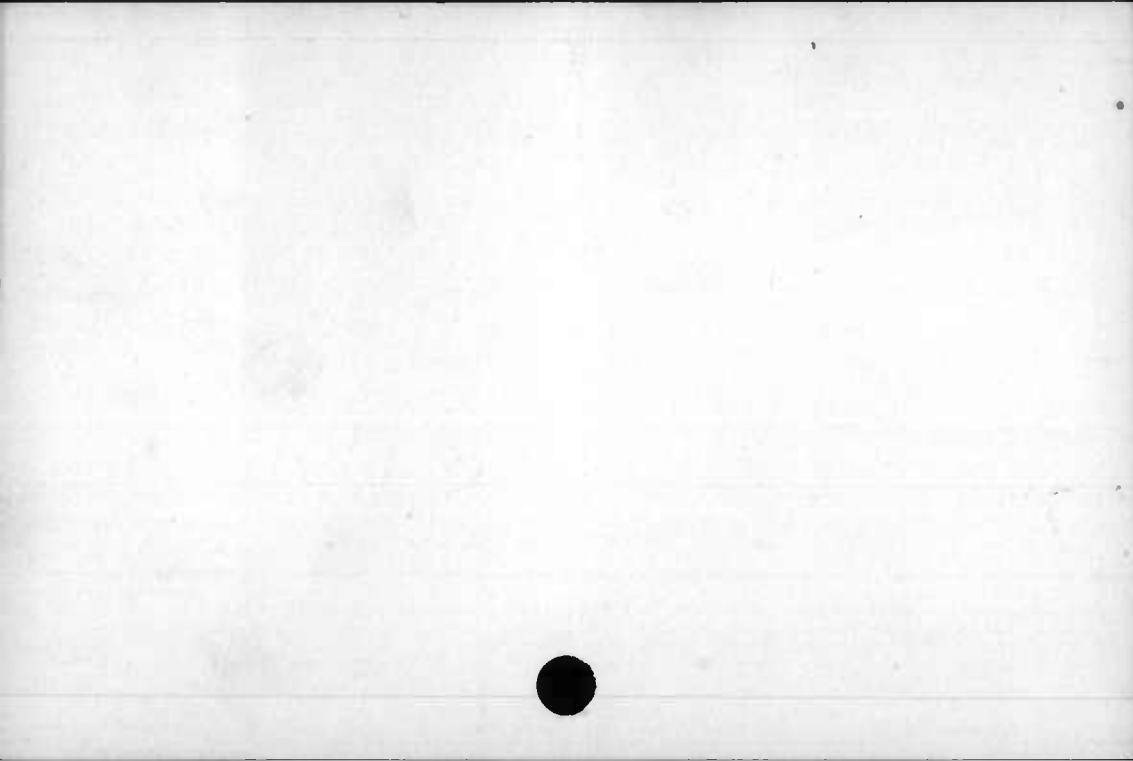
Died at <i>Burrh Mills</i> ^{Town}		<i>Montg</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>24</i>	Years <i>22</i>	Months <i>11</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Mid.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Anderson</i>				
Father's Name <i>Rushwell Miles</i>	Father's Birthplace <i>Mid.</i>				
Mother's Maiden Name <i>Annie Miles</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Arthur Proant</i>	How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 yr</i>
Immediate <i>Hemorrhage</i>	How long <i>A few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. D. Brown</i>
<i>Yes</i>	Address <i>Silver Spring Md.</i>
Accident or Suicide?	



Name
in
Full

Adam Barker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Roadville* TownCounty *Howard*Date
of death *1908*Month *6*Day *21*

Age

Years *76*Months *—*Days *—*

Sex

*Male*Color or
Race*Colored*Birth-
place*Ind*

Occupation

*Laborer*Where Residing if not
at place of death*X*Married, Single
or Widowed*Married*Name of Wife or
Husband*Sophia Barker*Father's
Name*Dawson*Father's
Birthplace*Dawson*Mother's
Maiden Name*Dawson*Mother's
Birthplace*Dawson*Name of person giving
In formation*Sophia Barker*How related
to deceased*wife*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

How long

1 year

Immediate

Apoplexy

How long

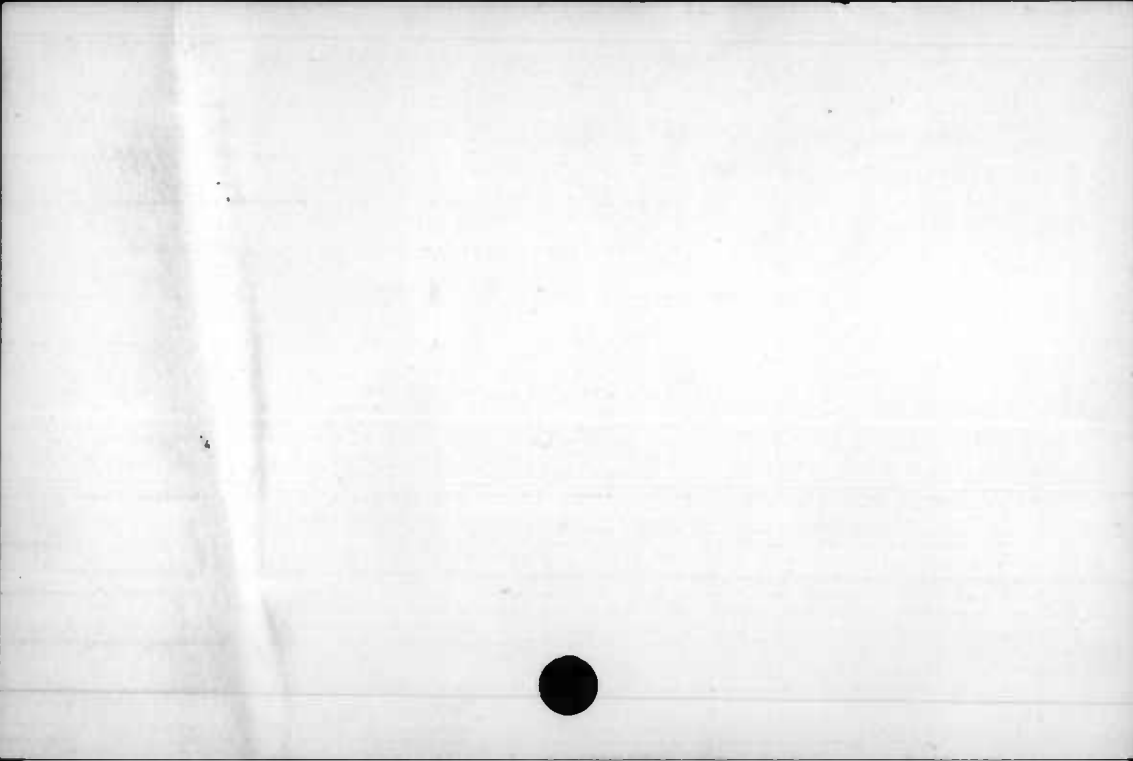
*4 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*D. M. Hutchinson*

Address

Roadville

Accident or Suicide?

*X**Ind*



Name
In
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

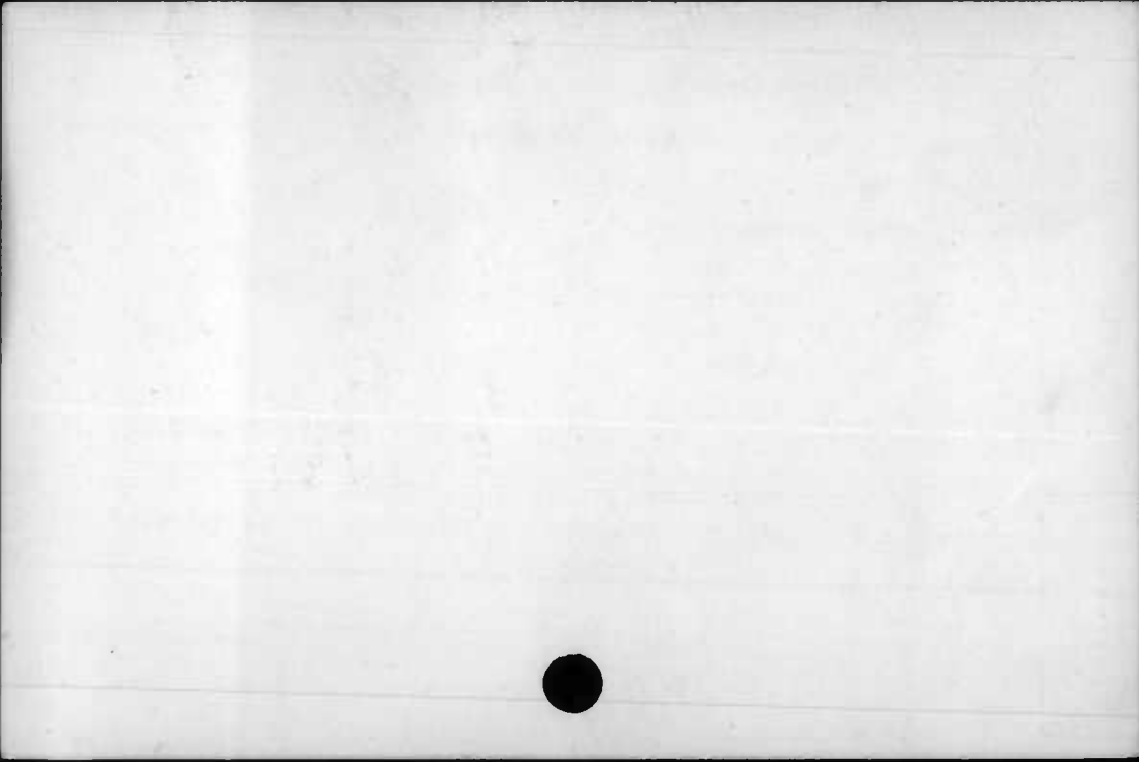
Died at <i>Beallsville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1908</i>		Month <i>June</i>		Day <i>4</i>	
Age <i>86</i>		Years <i>3</i>		Months <i>26</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Beallsville</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>"</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Altha J Young</i>			
Father's Name <i>William Brewer</i>		Father's Birthplace <i>Annapolis Md.</i>			
Mother's Maiden Name <i>Mary Roberson Chiswell</i>		Mother's Birthplace <i>Poolesville Md.</i>			
Name of person giving information <i>Wm G Brewer</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Iles Coelitis</i>	How long <i>21 days</i>
Immediate <i>Cardiac Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E W White</i>
	Address <i>Poolesville Md.</i>
Accident or Suicide?	



Name
in
Full

Emma S Boland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

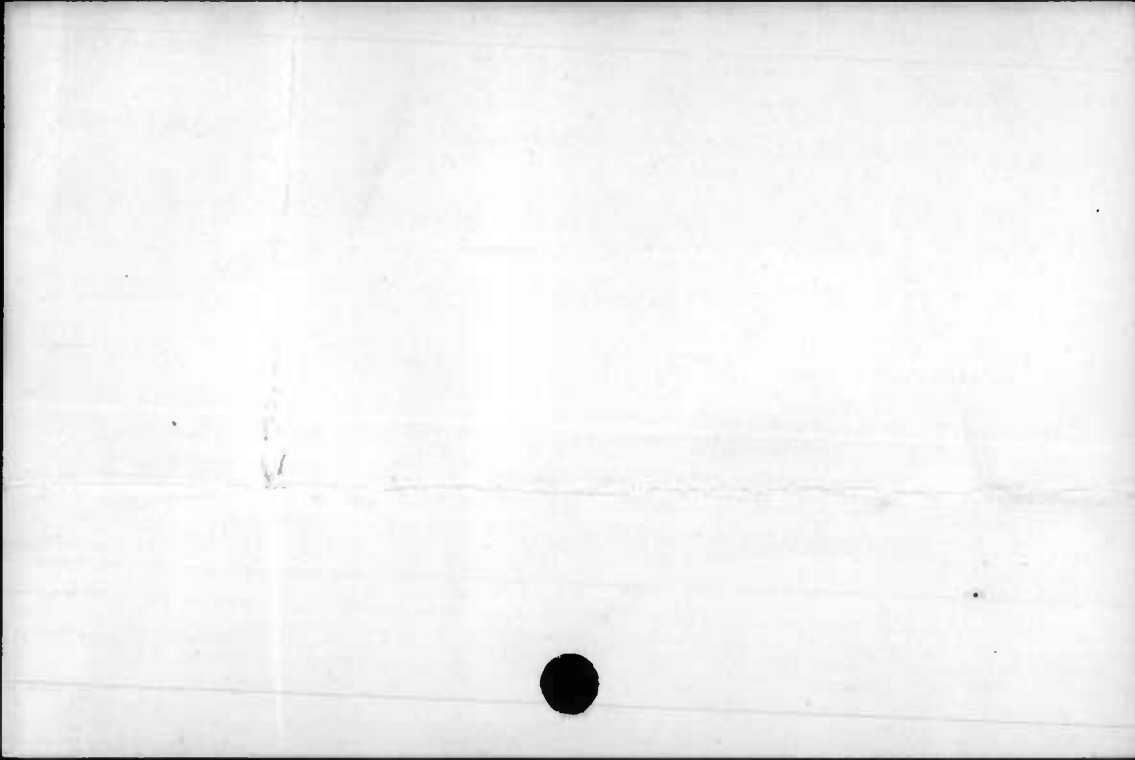
Died at		Town <i>Germantown</i>		County <i>Montg Co</i>		MARYLAND	
Date of death	190 <i>6</i>	Month <i>6</i>	Day <i>12</i>	Age <i>63</i>	Years <i>63</i>	Months <i>2</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Ind</i>				
Occupation <i>House wife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm F Boland</i>					
Father's Name <i>Thornton Pool</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Rachel R. Owings</i>		Mother's Birthplace <i>"</i>					
Name of person giving In formation <i>Harry Boland</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Liver</i>	How long <i>1 yr</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J R Peck</i>
	Address <i>Blackshing Hwy</i>
Accident or Suicide?	



Name
in
Full

Alice Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

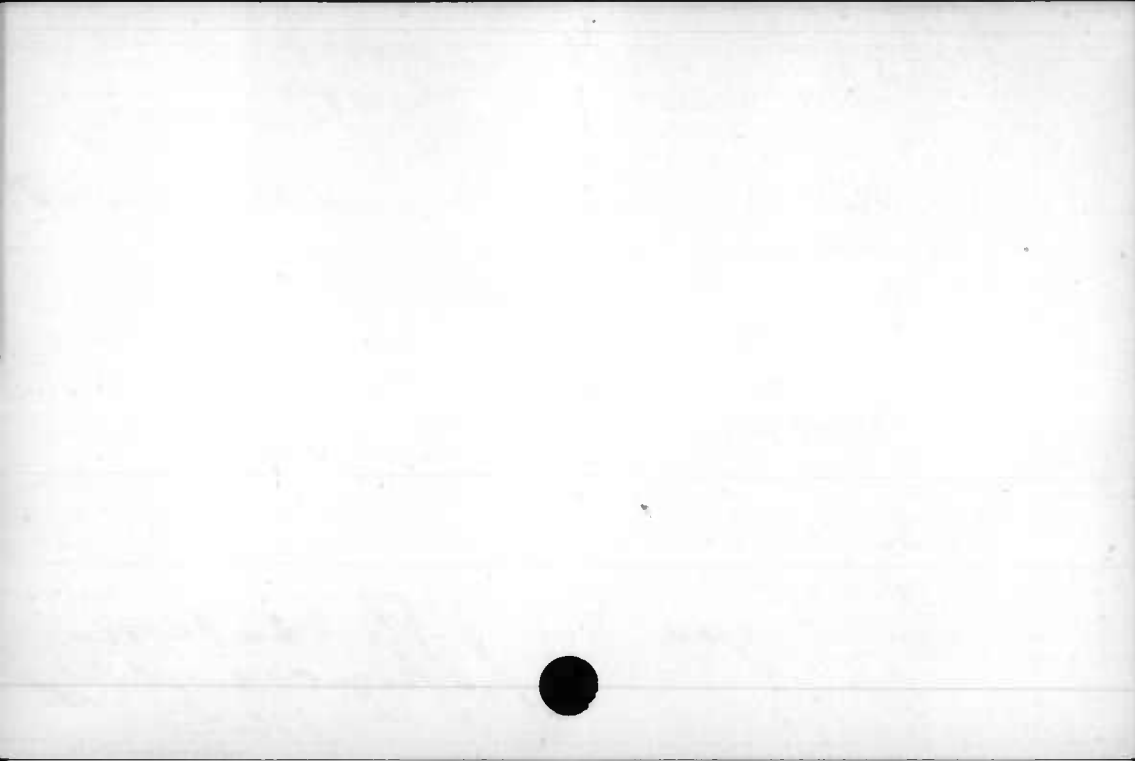
Died at <i>Burnt Mills</i> ^{Town}		<i>Moulton</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month}	<i>June</i> ^{Day}	<i>5</i> ^{Year}	<i>0</i> ^{Months}	<i>3</i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Occupation	<i>None</i>		Birth-place	<i>Md.</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>0</i>		
Father's Name	<i>Ulaious Brown</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Maudie Davis</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>Ida Gaither</i>			How related to deceased	<i>Niece</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>6 mos.</i>
Immediate	<i>Asphyxia</i>	How long	<i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. J. Brown</i>
<i>Yes.</i>		Address	<i>Silver Spring Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

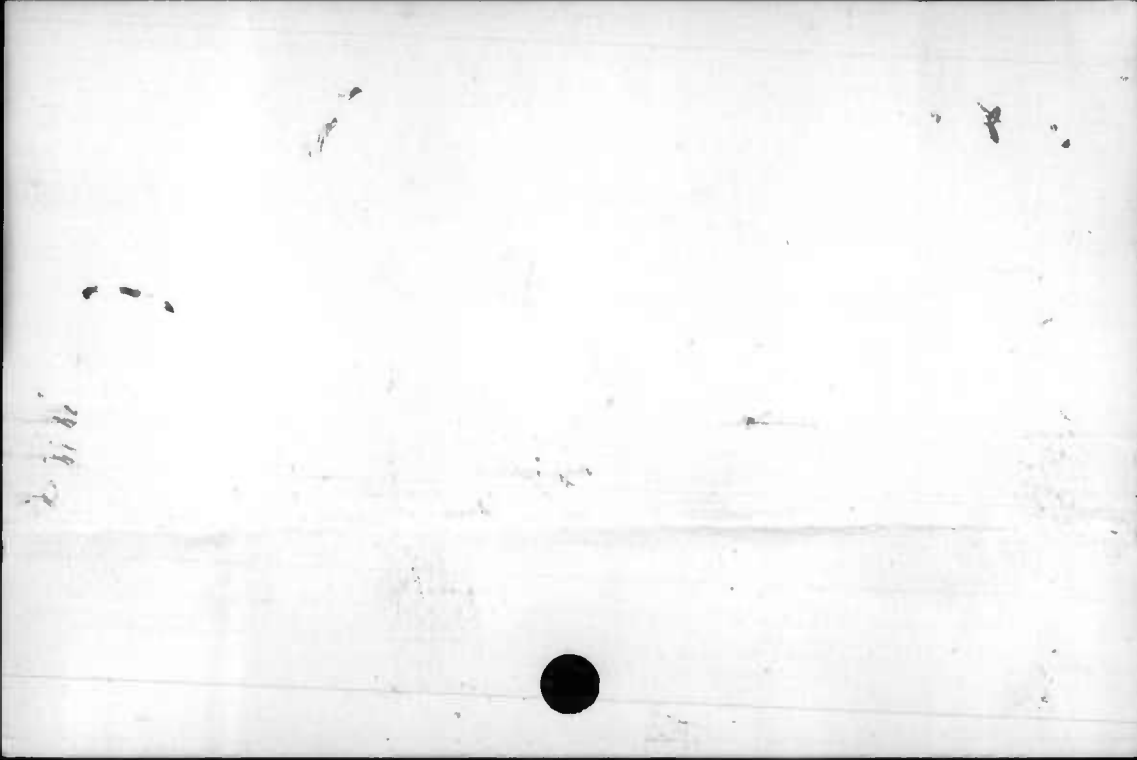
Name in Full <i>Mary Anna Brogdon</i>		Town <i>Spencerville</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died at <i>Spencerville</i>		Month <i>Jan</i>		Day <i>11</i>		Age <i>23</i>	
Date of death <i>1904</i>		Month <i>Jan</i>		Day <i>11</i>		Age <i>23</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Sandy Springs, Ga</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Rodger Brogdon</i>					
Father's Name <i>John Rynd</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Margaret Hill</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Rodger Brogdon</i>		How related to deceased <i>Wife's brother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>7 days</i>
Immediate <i>asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Bateon</i>
	Address <i>Spencerville md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

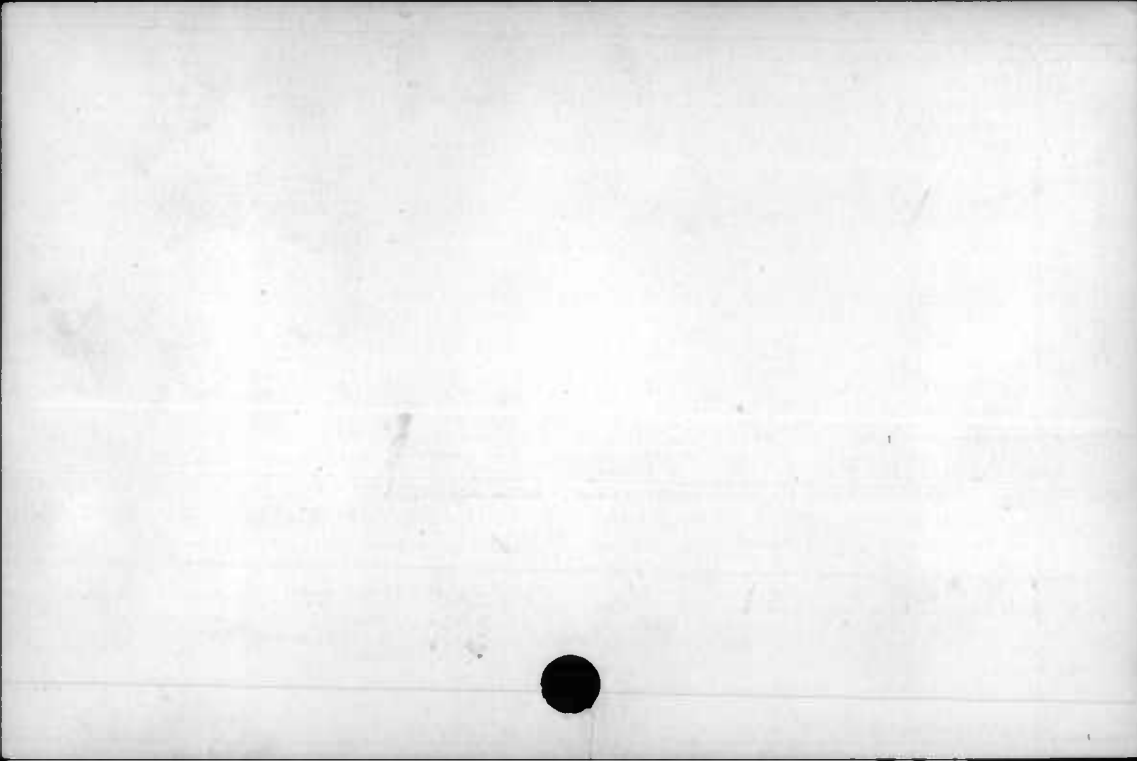
Died at <i>Dakota Park</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	1908	Month	June	Day	29	Age	28
						Months	8
						Days	
Sex	<i>A</i>		Color or Race	<i>w</i>		Birth-place	<i>D.C. Wash, D.C.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>317 Mass. Ave.</i>				
Married, or Widowed	<i>—</i>		Name of Wife or Husband <i>Edward H. Carlisle</i>				
Father's Name	<i>William M. Grimes</i>					Father's Birthplace	<i>D.C.</i>
Mother's Maiden Name	<i>Natalie Cahill</i>					Mother's Birthplace	<i>N.Y.</i>
Name of person giving information	<i>Edward H. Carlisle</i>					How related to deceased	<i>Husband</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>4 months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Alfred T. Parsons</i>	
Address		<i>Dakota Park, D.C.</i>	
Accident or Suicide? <i>•</i>			



Name
in
Full

Oldyear. Clipper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>h. Dausonville</u> Town <u>Montg</u> County		MARYLAND	
Date of death 190 <u>8</u>	Month <u>6</u>	Day <u>25</u>	Age <u>7</u> Years <u>—</u> Months <u>—</u> Days <u>8</u>
Sex <u>Male</u>	Color or Race <u>Negro.</u>	Birth-place <u>Dausonville Md.</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Harry Clipper</u>	Father's Birthplace <u>Montg Co. Md.</u>		
Mother's Maiden Name <u>Alice Lynch</u>	Mother's Birthplace <u>Montg Co. Md.</u>		
Name of person giving information <u>Physician</u>	How related to deceased <u>Son</u>		

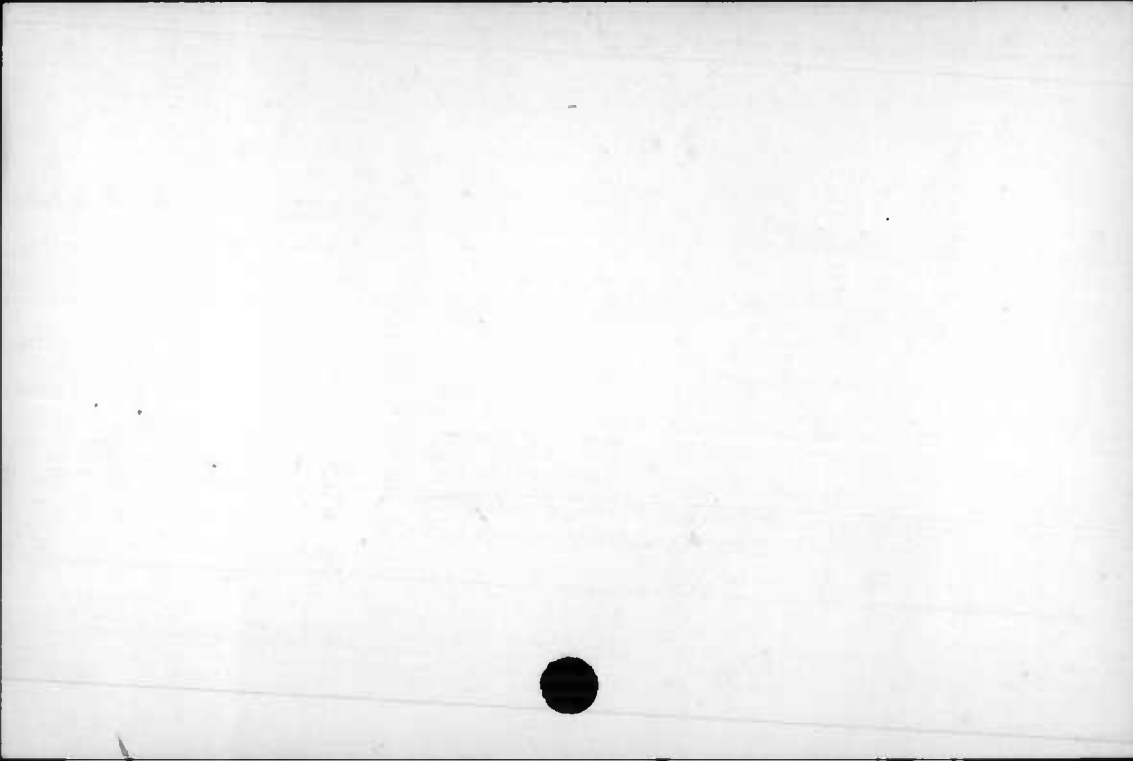
CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <u>Infantile convulsions</u>	How long <u>3 da.</u>
Immediate <u>Not known (probably comm.)</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>U. D. House</u>
	Address <u>Dausonville Md.</u>
Accident or Suicide? <u>—</u>	<u>I have not called in to see this child until after death. U. D. House</u>

DEATH SUBMITTED



Name
in
Full

Vernon Slavis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

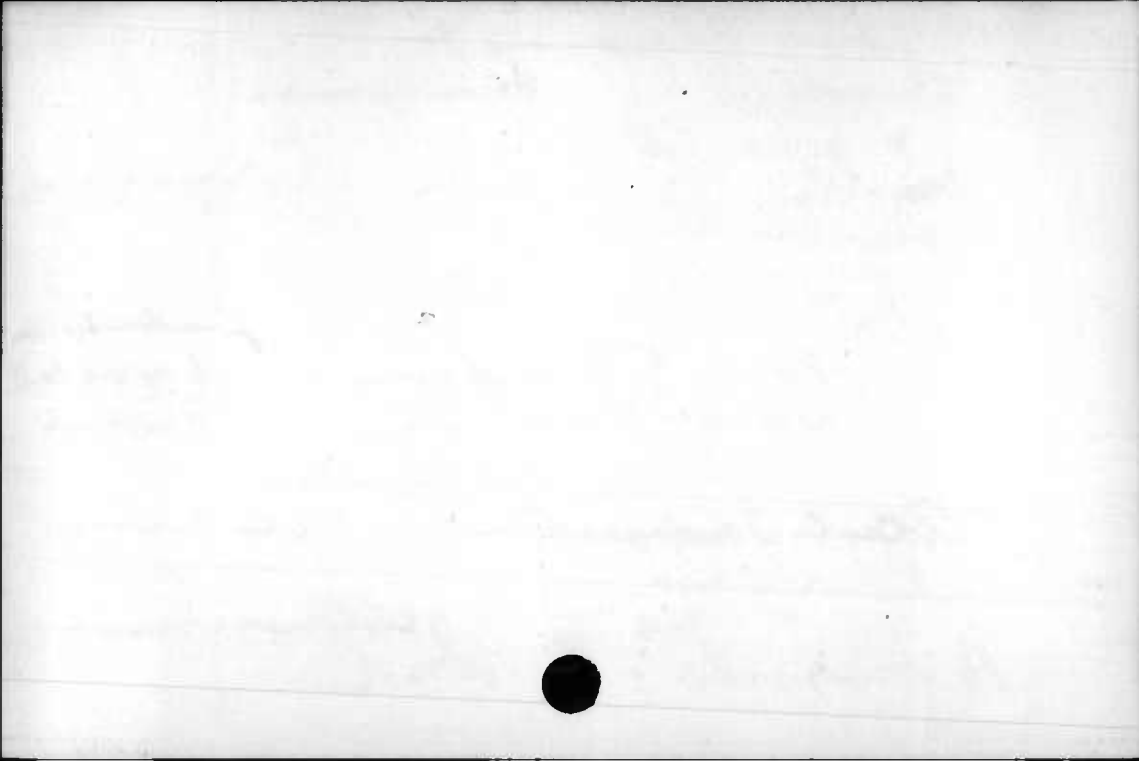
Died at <u>Silver Spring</u> ^{Town}		<u>Montg</u> ^{County}		MARYLAND	
Date of death	190 <u>5</u>	Month	<u>June</u>	Day	<u>30</u>
Age	<u>0</u>	Years	<u>0</u>	Months	<u>6</u>
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Ill.</u>
Occupation	<u>None</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Gumward Slavis</u>			Father's Birthplace	<u>Ill.</u>
Mother's Maiden Name	<u>Beaue Ashlon</u>			Mother's Birthplace	<u>Ill.</u>
Name of person giving information	<u>Gumward Slavis</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Enterocolitis</u>	How long	<u>2 weeks.</u>
Immediate	<u>Syncope</u>	How long	<u>2 days.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<u>W. H. Brown M.D.</u>	
		Address	
		<u>Silver Spring</u>	
		<u>Md.</u>	
Accident or Suicide?			



Name
In
Full

Ram Edwards Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

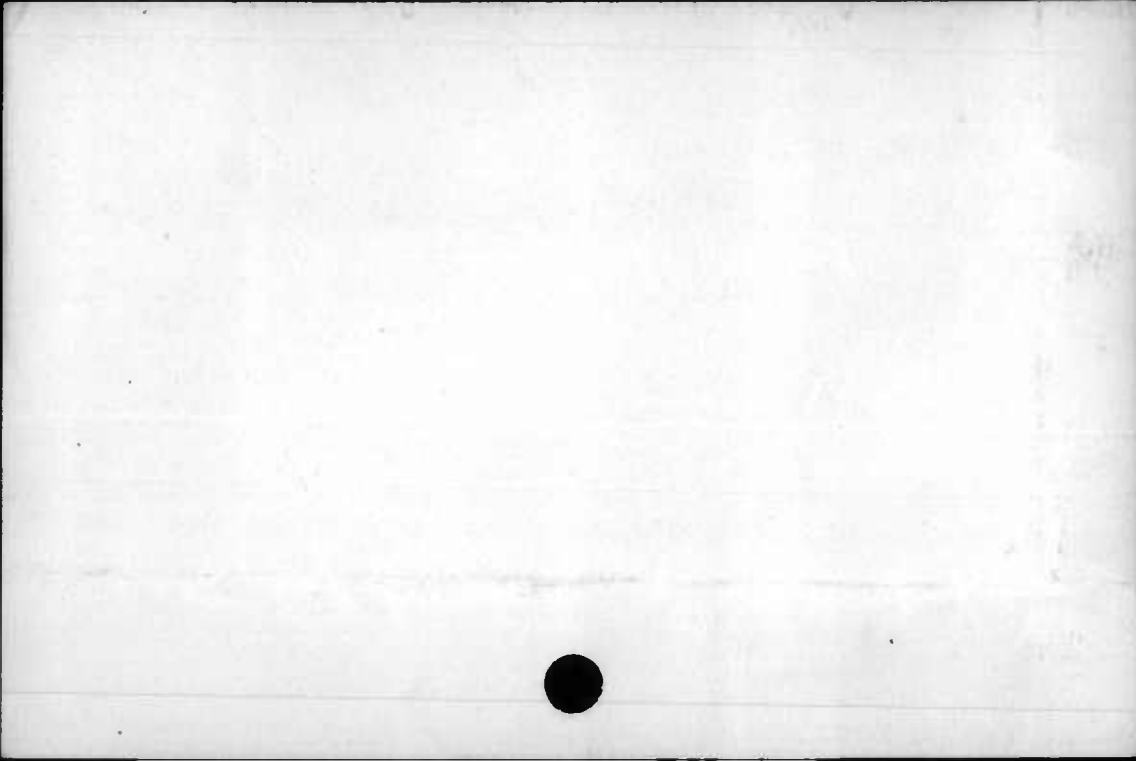
Died at <i>Boyd</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>June</i>	Day	<i>18</i>
Age	<i>10</i>	Years		Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Boyd Md</i>
Occupation	<i>none</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Ramuel Edwards</i>			Father's Birthplace	<i>London Co Va</i>
Mother's Maiden Name	<i>Nora Thompson</i>			Mother's Birthplace	<i>Boyd Md</i>
Name of person giving information	<i>Sam Edwards</i>			How related deceased	<i>Father</i>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>six hours</i>
Immediate	<i>Paralysis</i>	How long	<i>one hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. H. Stoner</i>	
<i>Barnesville</i>		Address	
		<i>Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

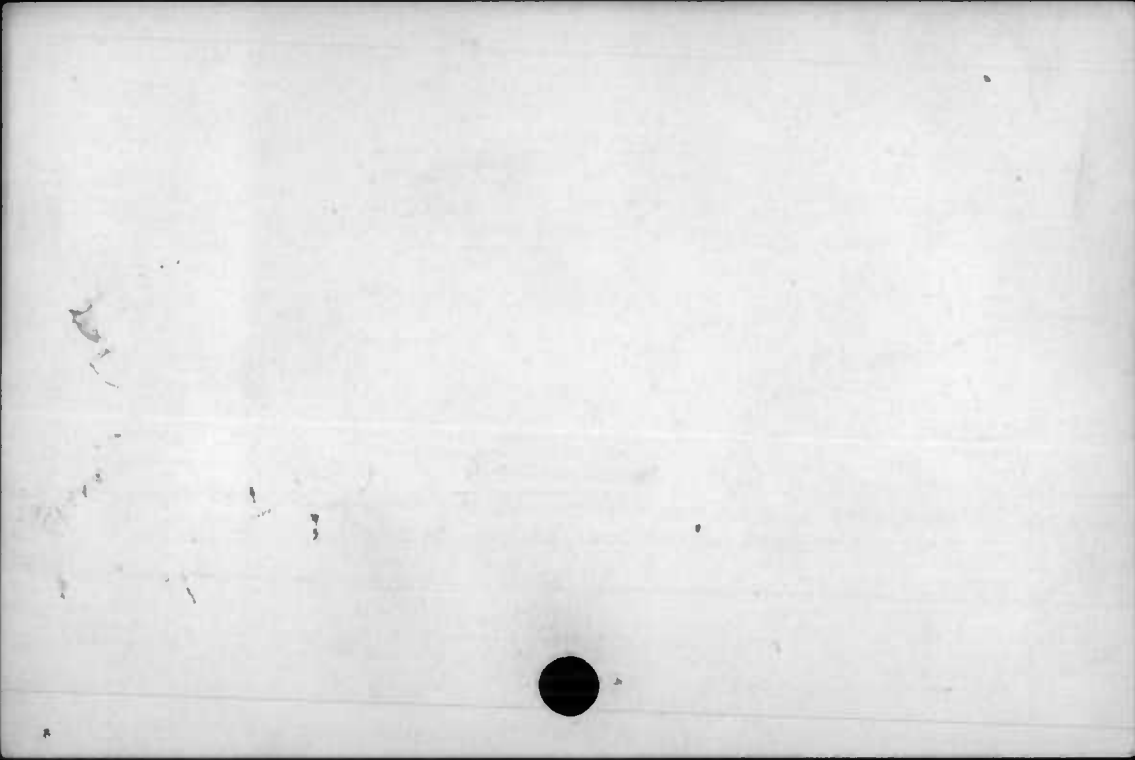
Died at		Town		County		MARYLAND			
Bethesda		Montgomery							
Date of death	1908	Month	June	Day	3 rd	Age	Months	7	Days
Sex	Female	Color or Race	White	Birth-place	Geo. W. Hoft.				
Occupation	—			Where Residing if not at place of death	Wash. County Home.				
Married, Single or Widowed	—			Name of Wife or Husband	—				
Father's Name	Walter K. Greenfield				Father's Birthplace	Md.			
Mother's Maiden Name	Josephine Edwards				Mother's Birthplace	Va.			
Name of person giving information	Walter Greenfield				How related to deceased	Father			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Acute Miliaary Tuberculosis	How long	Four Weeks.
Immediate	Exhaustion	How long	Two Days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Thor. K. Conrad, M.D.	
		Address	
		Bethesda, Md.	
Accident or Suicide?			



Name
in
Full

Hallman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

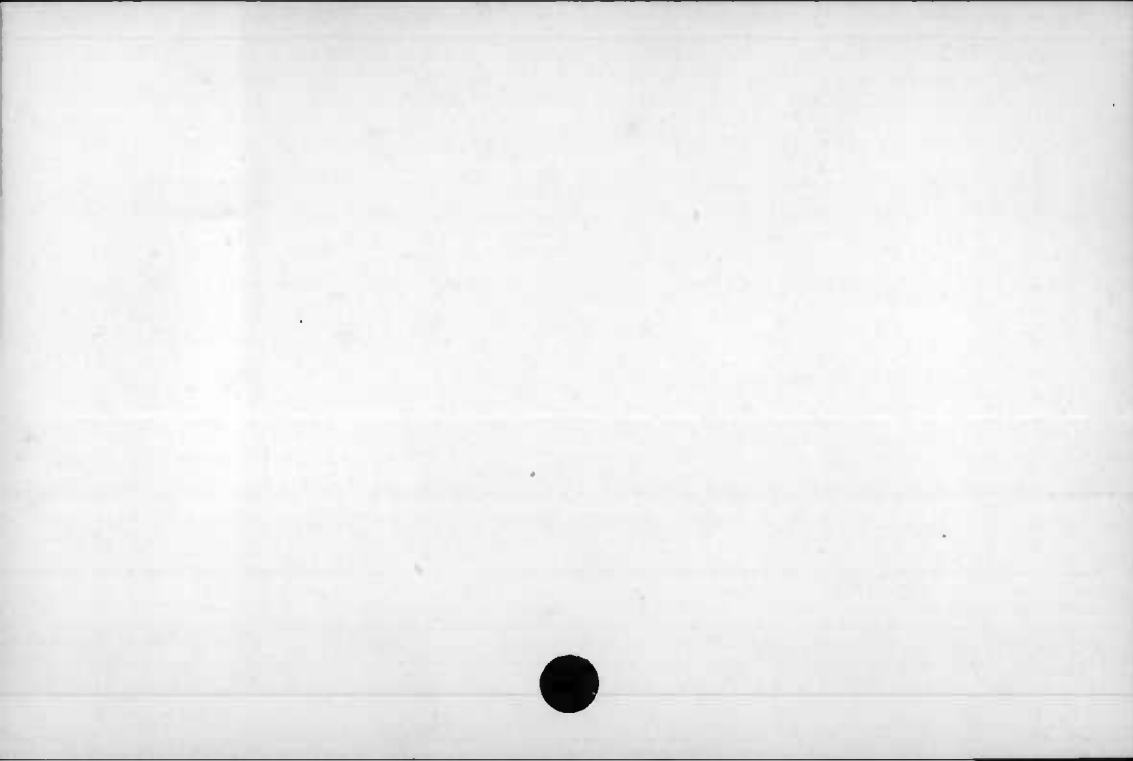
Died at <i>Martinsburg</i> ^{Town}		<i>Montgomery</i> ^{County}			
Date of death	<i>1908</i>	Month <i>June</i>	Day <i>9</i>	Age <i>9</i>	Years <i>3</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Martinsburg</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Martinsburg</i>				
Married, Single or Widowed <input checked="" type="checkbox"/>	Name of Wife or Husband <i>John Hallman</i>				
Father's Name <i>John Hallman</i>	Father's Birthplace <i>Martinsburg</i>				
Mother's Maiden Name <i>Julia Storrick</i>	Mother's Birthplace <i>Martinsburg</i>				
Name of person giving information <i>Andis Stewart</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>2 weeks</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. L. Holt sub reg</i>
	Address <i>Prossville</i>
	<i>Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name
in
Full

Charles Richard Hodge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

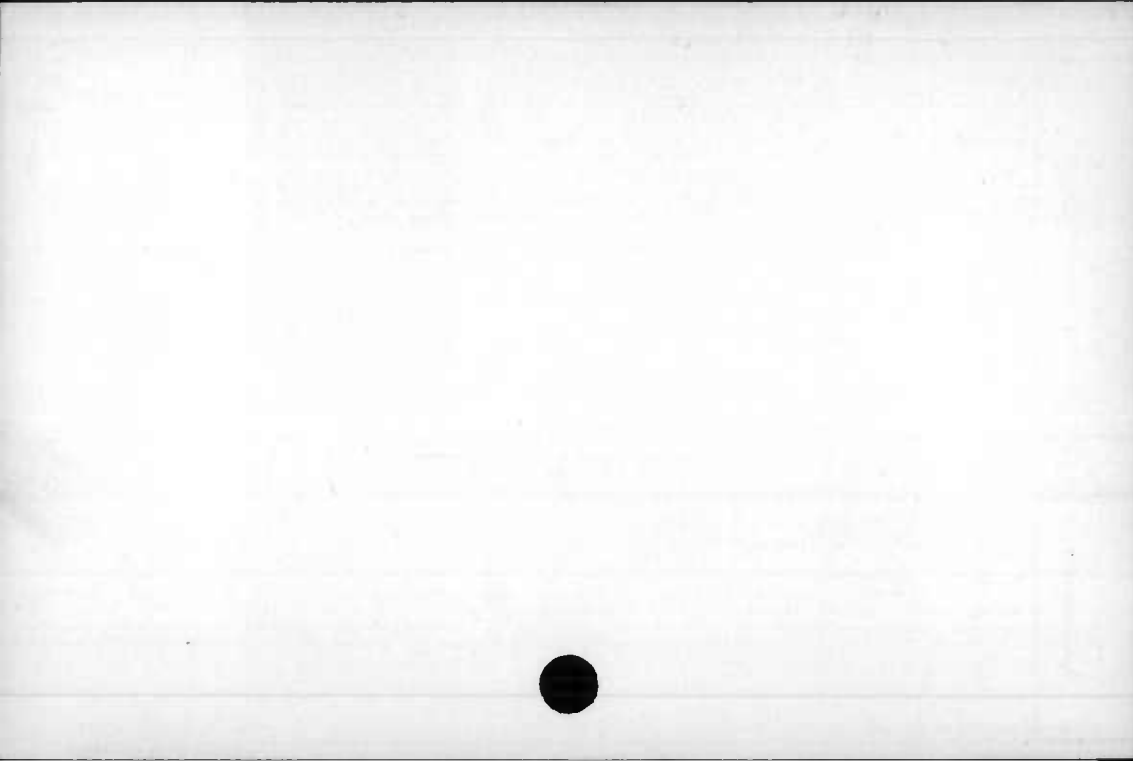
Died at <u>Olney</u> <small>Town</small>		<u>Moulgouery</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u>	Month <u>June</u>	Day <u>4</u>	Age about <u>27</u> <small>Years</small>	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Montg. Co. Md.</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Caleb Hodge</u>	Father's Birthplace <u>Montg. Co. Md.</u>				
Mother's Maiden Name <u>Catharine E. Hodge</u>	Mother's Birthplace <u>Montg. Co. Md.</u>				
Name of person giving information <u>Caleb Hodge, Jr.</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Cardiac Asthma & Bright's Disease</u>	How long <u>About one year</u>
Immediate	<u>Amenoea</u>	How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>Chas. Farguehan</u>
		Address <u>Olney</u>
		<u>Md.</u>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

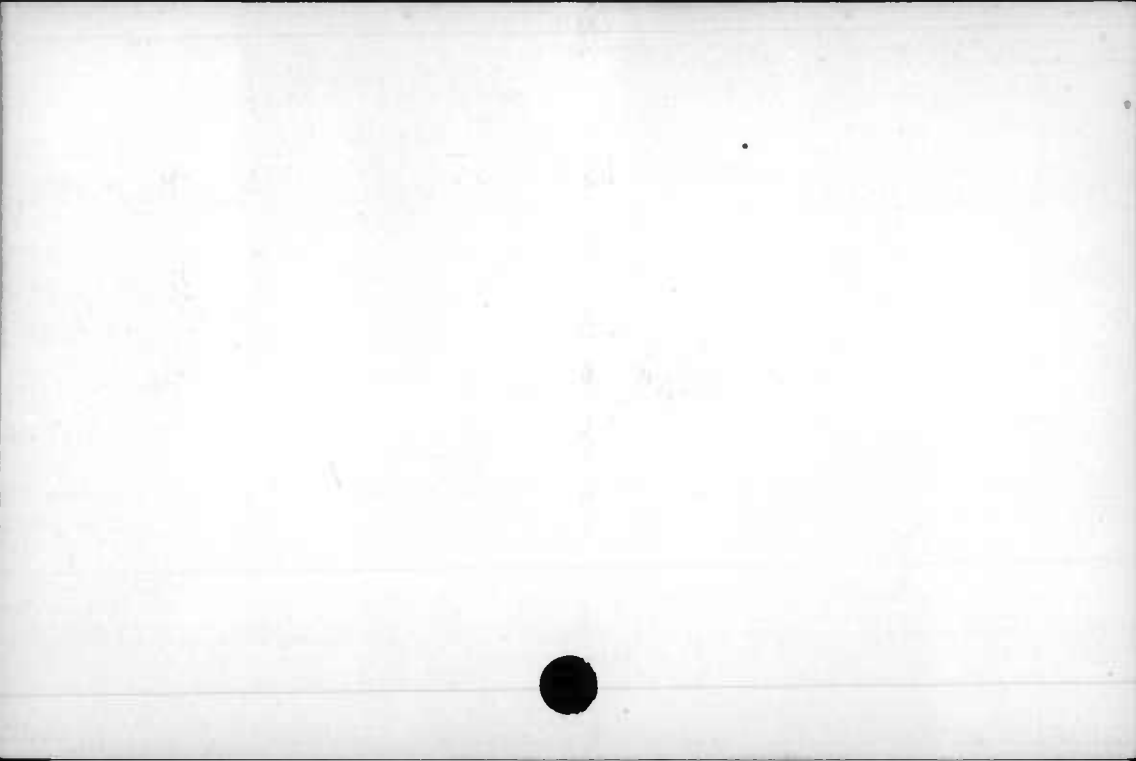
Name in Full <i>Gas Willard Johnson</i>						County <i>Montg</i>		Tried at <i>Stevenc</i>		Town <i>Stevenc</i>	
Date of death <i>1908</i>		Month <i>June</i>		Day <i>26</i>		Age <i>0</i>		Years <i>0</i>		Months <i>0</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>		Where Residing if not at place of death					
Occupation <i>None</i>		Where Residing if not at place of death									
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband									
Father's Name <i>Chas. Johnson</i>		Father's Birthplace <i>Md.</i>									
Mother's Maiden Name <i>Margaret Smith</i>		Mother's Birthplace <i>"</i>									
Name of person giving information <i>"</i>		How related to deceased <i>Mother</i>									

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>		How long <i>1 day</i>	
Immediate <i>Convulsions</i>		How long <i>2 hrs.</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. G. Brown</i>	
<i>Yes</i>		Address <i>Silver Spring Md.</i>	
Accident or Suicide?			



Name
in
Full

Sallie Mausteller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bethesda</u>		County <u>Montgomery</u>		MARYLAND	
Date of death	1908	Month <u>June</u>	Day <u>4th</u>	Age	Months <u>2</u> Days <u>6</u>
Sex	<u>female</u>	Color or Race	<u>white</u>	Birth-place	<u>MT Rainier, Md.</u>
Occupation				Where Residing if not at place of death	<u>Wash. County Home.</u>
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>John a. J. Mausteller</u>			Father's Birthplace	<u>W. Va.</u>
Mother's Maiden Name	<u>Miss Sallie H. Miller</u>			Mother's Birthplace	<u>W. Va.</u>
Name of person giving information	<u>Charles Mausteller</u>			How related to deceased	<u>Bro.</u>

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Premature Birth</u>	How long	<u>1 mo.</u>
Immediate	<u>Fracture</u>	How long	<u>Progressive</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Thos. K. Conrad, M.D.</u>	
		Address	
		<u>Bethesda</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary A Meade</i>		Town <i>Lay Hill</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died at <i>Lay Hill</i>		Date of death <i>1908 June 11</i>		Age <i>85</i>		Months <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Unk</i>					
Father's Name <i>John Marquess</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Unk</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>J. E. Lates</i>		How related to deceased <i>Son in law</i>					

Patient fell down stairs,
accidentally fracturing hip.

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary <i>Fracture of right hip</i>	How long <i>6 days</i>
Immediate <i>Shock</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Jones</i>
	Address <i>Kelleyington</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Phyllis Millon

CERTIFICATE OF DEATH

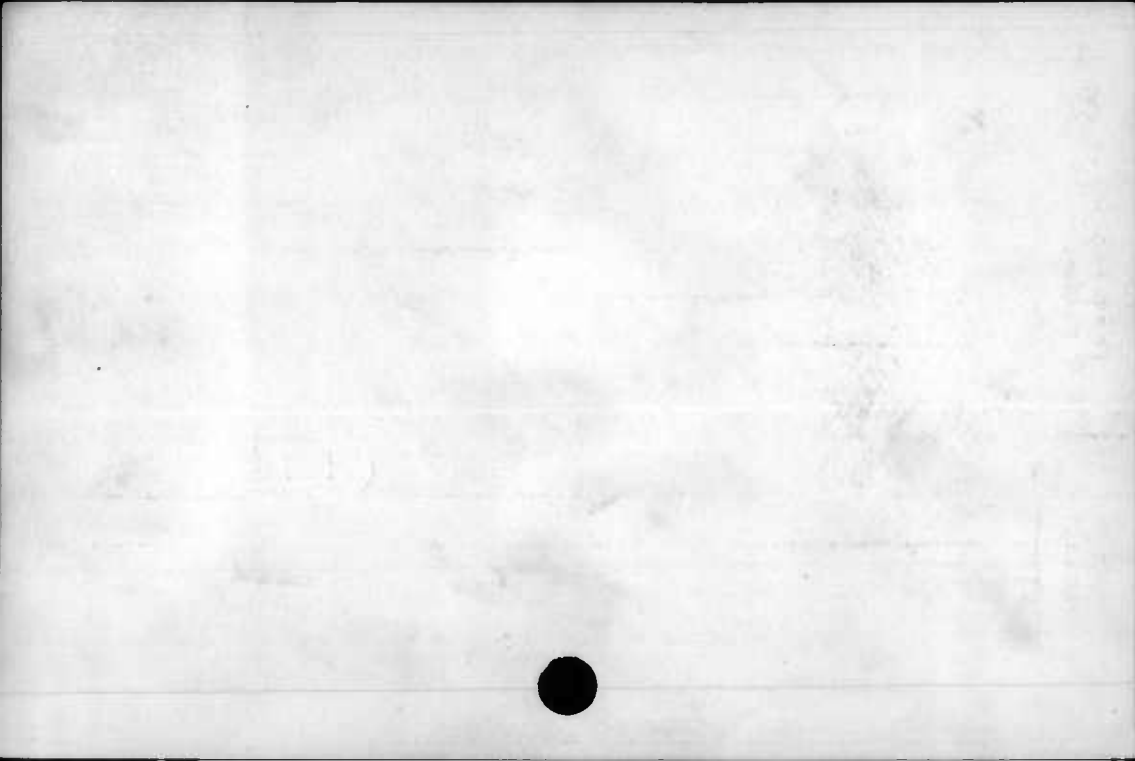
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bethesda.		County Montgomery		MARYLAND	
Date of death		1908	Month June	Day 24 th	Age Years	Months 1	Days 12
Sex Female		Color or Race White		Birth- place Washington, D.C.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Unknown				Father's Birthplace Unknown			
Mother's Maiden Name Unknown				Mother's Birthplace Unknown			
Name of person giving Information				How related to deceased 151			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth	How long	1 1/2 mos.
Immediate	Acute Peritonitis	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Thos. K. Bonad, M.D.	
		Address Bethesda Md.	
Accident or Suicide?			



Name
in
Full

Annie Nokes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

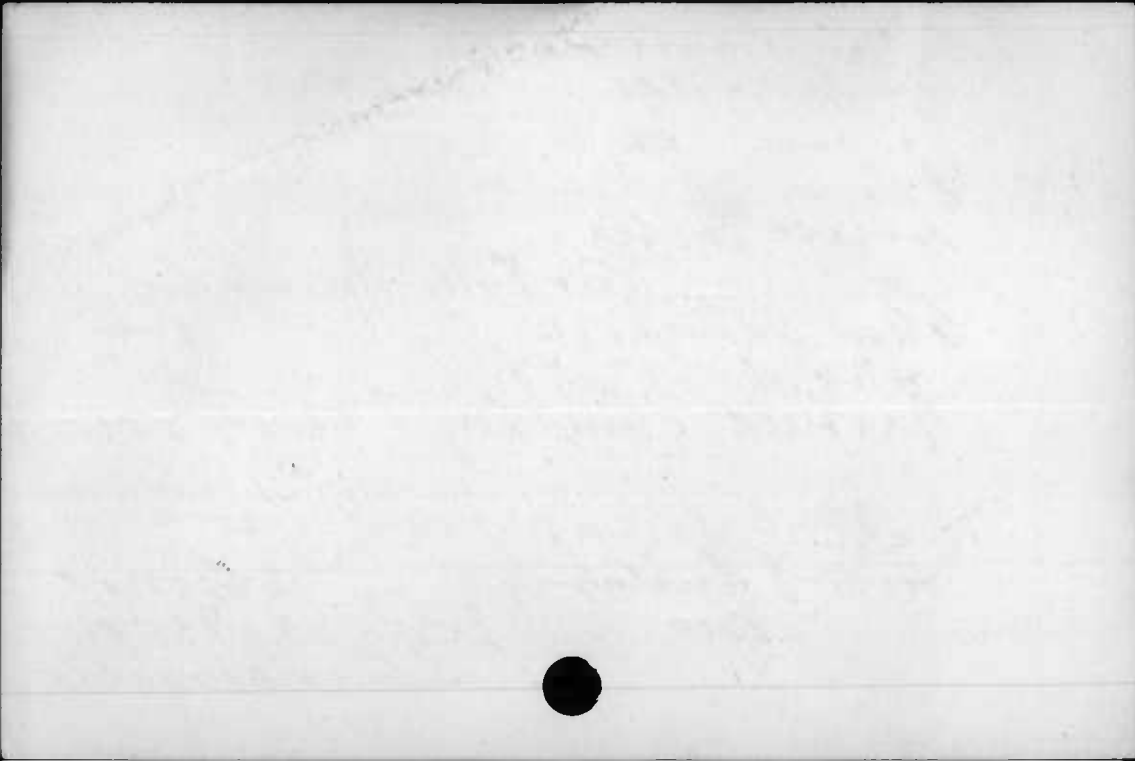
Died at		Town Poolsville		County Montgomery		MARYLAND	
Date of death		Month 1908 June	Day 24	Years Age 1908 11	Months	Days	
Sex Female		Color or Race Colored		Birth-place Md.			
Occupation School girl		Where Residing if not at place of death Poolsville					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Richard Nokes		Father's Birthplace Md.					
Mother's Maiden Name Altha Peters		Mother's Birthplace Md.					
Name of person giving information Peter Davis		How related to deceased None					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Fall from a tree	How long	
Immediate	Fractured Vertebrae	How long	20 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. W. White	
		Address	
		Poolsville	
		Md.	
Accident or Suicide?		Accident	



Name
in
Full

Edith Pumpphrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

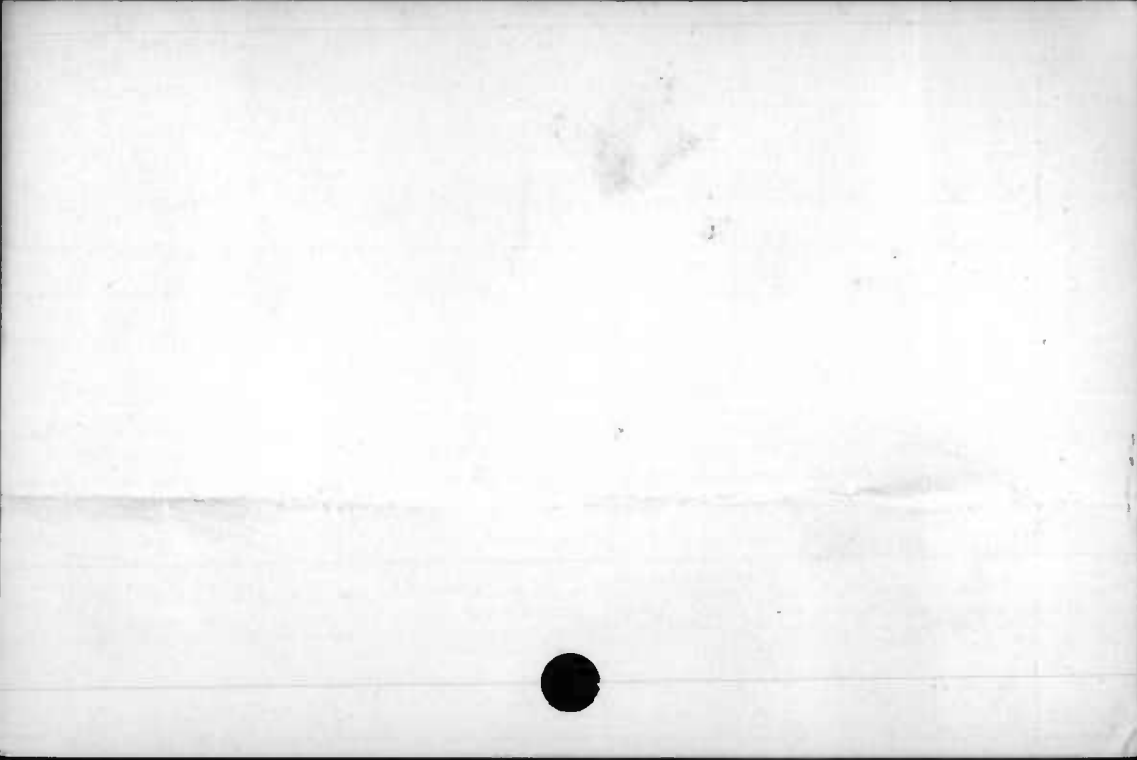
Died at <i>Spencerville</i>		Town		<i>Montgomery</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>22</i>	Age <i>35</i>	Years	Months	Days			
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth place <i>Spencerville Md</i>							
Occupation <i>House wife</i>	Where Residing if not at place of death								
Married, Single or Widowed	Name of Wife or Husband <i>Arthur Pumpphrey</i>								
Father's Name <i>Chas Johnson</i>	Father's Birthplace <i>Md</i>								
Mother's Maiden Name <i>Sarah Watts</i>	Mother's Birthplace <i>Md</i>								
Name of person giving information <i>Garfield Pumpphrey</i>	How related to deceased <i>Brother in Law</i>								

CAUSES OF DEATH

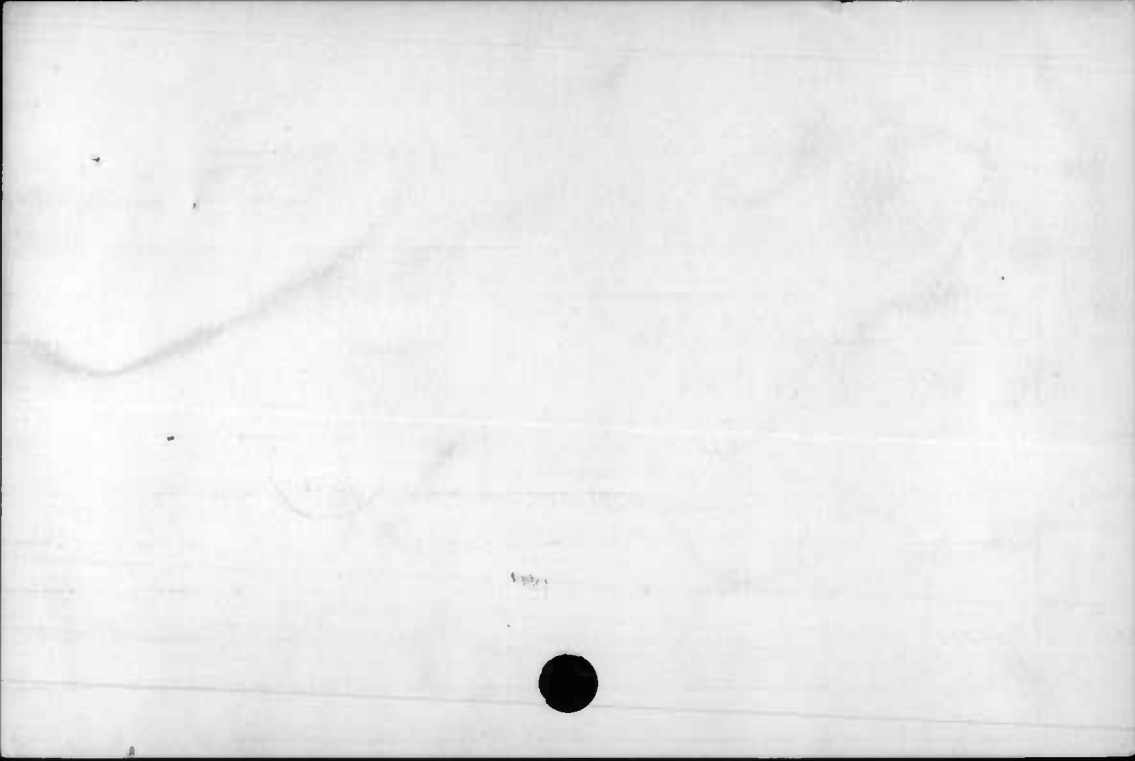
79

PHYSICIAN
OR CORONER

Primary <i>Mitral Incompetency</i>	How long <i>2</i>
Immediate <i>Heart Failure</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Dalton</i>
	Address <i>Spencerville</i>
Accident or Suicide?	



Name in Full		Margaret Ellen Rittenour				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Randolph	County Monroe	MARYLAND		
		Date of death		1908	Month 6	Day 17	Age 67	Months —
		Sex		Female		Color or Race	White	Birth-place
		Occupation		Hom		Where Residing if not at place of death		
		Married, Single or Widowed		Married		Name of Wife or Husband — = Rittenour		
PHYSICIAN OR CORONER		Father's Name		Wm Buxton		Father's Birthplace		
		Mother's Maiden Name		Elizabeth Buxton		Mother's Birthplace		
		Name of person giving information		Mrs. Swindell		How related to deceased		
						Daughter		
		CAUSES OF DEATH		64				
PHYSICIAN OR CORONER		Primary		Apoplexy		How long		
		Immediate		Pneumonia		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
						Address		
		Accident or Suicide?		no		Rockville		
						Md.		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Travilah

Town

Russman

Montgomery

County

MARYLAND

Date

of death 190

Month

JUN 20 1908

Day

Age

Years

Months

Days

9

Sex

Male

Color or
Race

White

Birth-
place

Montgomery Co. Md.

Occupation

Infant

Where Residing if not
at place of death

X

Married, Single
or Widowed

Single

Name of Wife or
Husband

X

Father's
Name

Geo. W. Russman

Father's
Birthplace

Havils Md.

Mother's
Maiden Name

Cora E. Sour

Mother's
Birthplace

Montgomery Co. Md.

Name of person giving
In formation

Cora E. Sour

How related
to deceased

Mother

CAUSES OF DEATH

72

Primary

Dysmaturia Neonatorum

How long

Six days

Immediate

Exhaustion

How long

X

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. J. Pratt

Address

Potomac

Md.

Accident or Suicide?

X



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

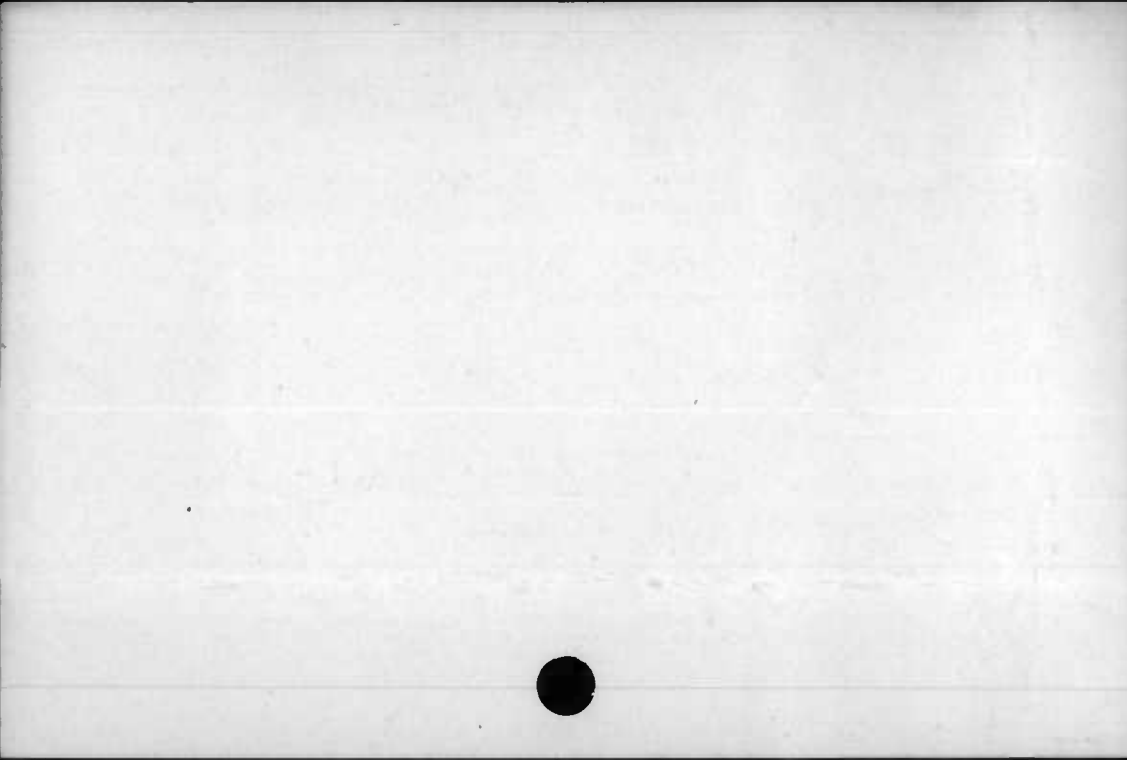
Name in Full John Paul Bellman		Town Conrad		County Montgomery		State MARYLAND	
Died at Conrad		Month June		Day 22		Year 1908	
Date of death 1908 June 22		Age 66		Months —		Days —	
Sex Male		Color or Race White		Birth-place Barnesville Md			
Occupation Farmer		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband Annie Bellman					
Father's Name Wm B Bellman		Father's Birthplace Barnesville Md					
Mother's Maiden Name Ann Bellman		Mother's Birthplace Portersville Pa					
Name of person giving information Fred Stays		How related to deceased Nephew					

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

Primary	Prostatic Inflammation	How long	Eight years
Immediate	Bright's Disease	How long	One year
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. H. Stonestreet M.D.	
Barnesville		Address Md	
Accident or Suicide? —			



Name
In
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *John F. Sterling*

Died at *Washington D.C.* Town *Washington D.C.* County *_____*

Date of death *1908* Month *June* Day *6* Age *63* Years *63* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Washington D.C.*

Occupation *Teamster* Where Residing if not at place of death *_____*

Married, Single or Widowed *Married* Name of Wife or Husband *Harriet A. Myces*

Father's Name *Don't Know* Father's Birthplace *Don't Know*

Mother's Maiden Name *Don't Know* Mother's Birthplace *Don't Know*

Name of person giving information *Chas. Bateh* How related to deceased *Friend*

CAUSES OF DEATH

Primary *Asphyxiation* How long *1 hr*

Immediate *Heart Failure* How long *1 hr*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Beady*

Address *Washington D.C.*

Accident or Suicide? *_____*

C. F. Krebs.

Undertaker

Williamsport Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

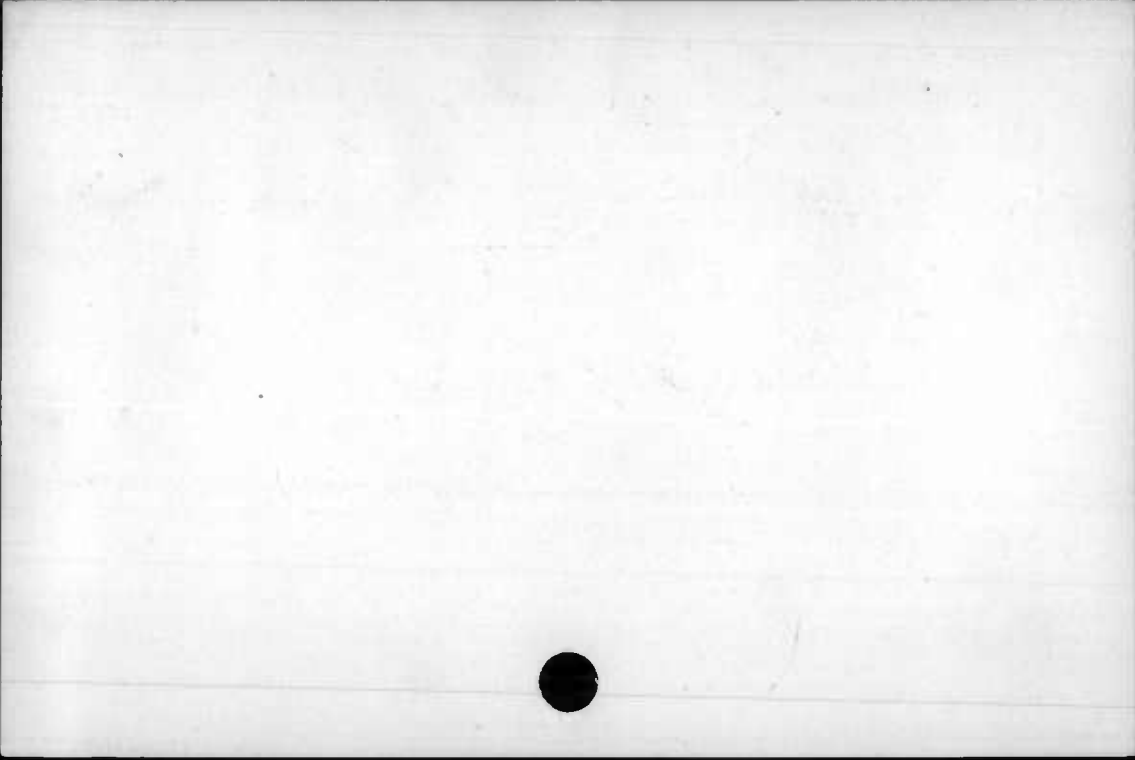
Name in Full <i>Infant of Clifton & Grace Styles</i>		Town <i>Derwood</i>		County <i>Montgomery</i>		MARYLAND	
Died <i>Derwood</i>		Month <i>June</i>		Day <i>18</i>		Years <i>17</i>	
Date of death <i>1908</i>		Month <i>June</i>		Day <i>18</i>		Age <i>17</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Derwood</i>			
Occupation _____		Where Residing if not at place of death _____					
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <i>Clifton Styles</i>		Father's Birthplace <i>Derwood</i>					
Mother's Maiden Name <i>Grace Gaither</i>		Mother's Birthplace <i>Gaithersburg</i>					
Name of person giving information <i>Clifton Styles</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

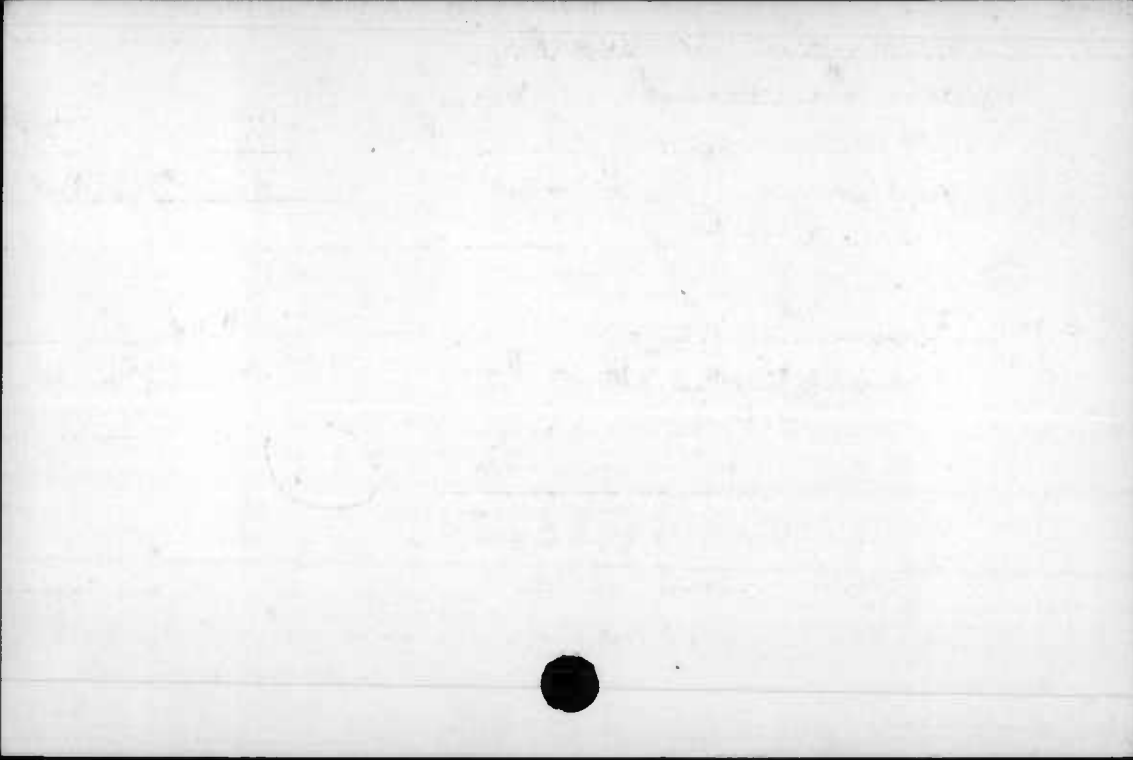
151

PHYSICIAN
OR CORONER

Primary	<i>Exhaustion</i> ✓	How long	<i>17 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. C. Cotchison</i>	
		Address <i>Gaithersburg</i>	
Accident or Suicide?		<i>Met.</i>	



Name in Full		Melville Taylor				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Dansonville		County Twenty		MARYLAND	
	Date of death	1908	Month 6	Day 7	Age 7	Years 7	Months —
	Sex	Male		Color or Race	Negro		Birth-place
	Occupation	School boy		Where Residing if not at place of death		Twenty Co. Md.	
	Married, Single or Widowed	Single		Name of Wife or Husband		—	
	Father's Name	Fenton Taylor				Father's Birthplace	Md.
PHYSICIAN OR CORONER	Mother's Maiden Name	Caroline Doctor				Mother's Birthplace	Twenty Co. Md.
	Name of person giving information	Physician				How related to deceased	—
	CAUSES OF DEATH						(29)
PHYSICIAN OR CORONER	Primary	Tubercular peritonitis				How long	2 months
	Immediate	Asphyxia				How long	—
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	U. D. House M. D.
	Address	Dansonville Md				—	
Accident or Suicide?		(Premature death)					



Name
In
Full

CERTIFICATE OF DEATH

Henry Washington

Town

County

Died at

Near Powersville

Shelby county

MARYLAND

Date

of death

1908

Month

June

Day

21

Age

Years

34

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Near Powersville

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Harriet Washington

Father's
Name

Geo Washington

Father's
Birthplace

Powersville

Mother's
Maiden Name

Henrietta Jones

Mother's
Birthplace

Powersville

Name of person giving
In formation

Dr. G. A. And

How related
to deceased

None

CAUSES OF DEATH

Primary

Mitral Insufficiency

How long

4 months

Immediate

Coronary Arteriosclerosis

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

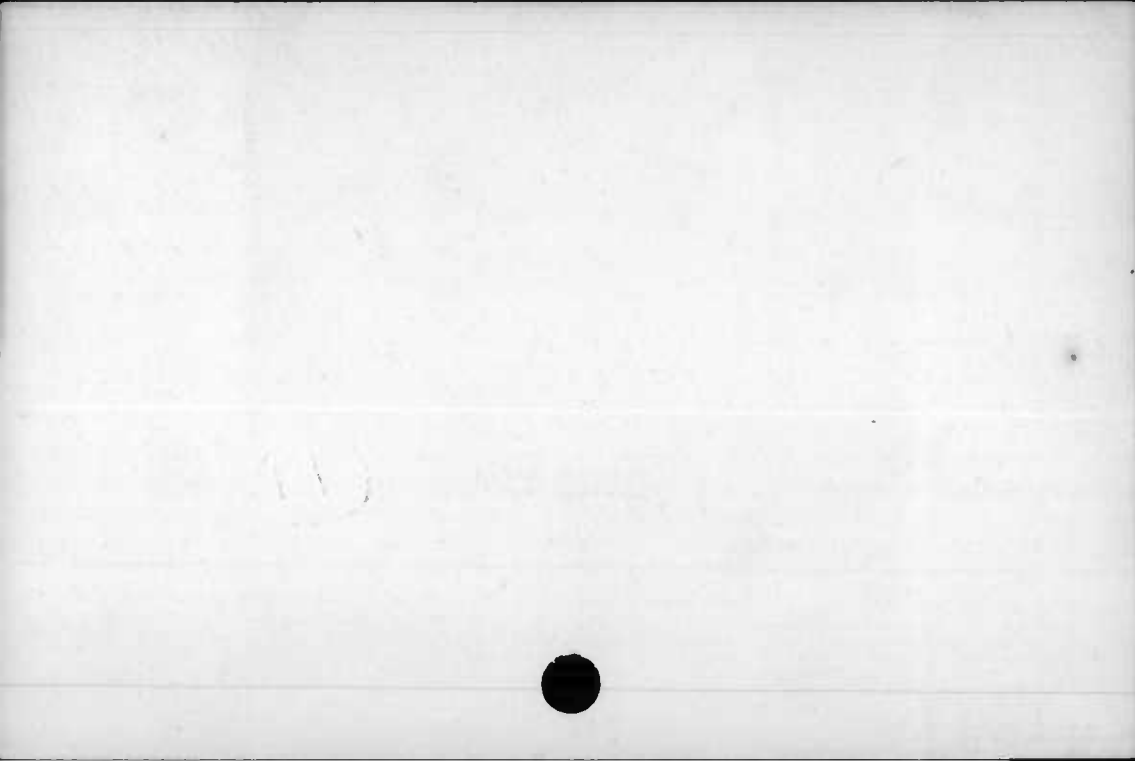
Signature of
Physician

Address

E. W. White
Powersville
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

John Washington

Town

County

MARYLAND

Died at Dawsonville

Date

Month

Day

Age

Years

Months

Days

of death 1908 6 28

65

Sex

Color or
Race

Male Negro.

Birth-
place

Ga.

Occupation

Day labourer on farm

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Not obtainable.

Father's
Name

Not obtainable

Father's
Birthplace

Not obtainable

Mother's
Maiden Name

Not obtainable

Mother's
Birthplace

Not obtainable

Name of person giving
Information

U D House

How related
to deceased

None.

CAUSES OF DEATH

(80)

Primary

Chronic Endocarditis

How long

10 yrs.

Immediate

Angina Pectoris

How long

12 hr.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

U D House
Dawsonville, Ga.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

